Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
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Health Advisory: Mumps in King County, March 16, 2006 (revised 19 April 2006)

Five mumps cases have been reported in 2006 to-date in King County. In February, a three-year old child who traveled to the Philippines developed mumps parotitis two weeks after returning to King County. The case was associated with secondary transmission to an adult contact who did not travel and who developed parotitis and mumps orchitis. The child had received 1 dose of MMR vaccine at 18 months of age.

Between March 8 and 12, 2006, three children who attend the same elementary school in NE King County and who have close contact were diagnosed with mumps (a notice has been sent to all families at the school). Susceptible persons at the school could have been exposed to mumps between March 1st and 9th, and could become symptomatic between March 15th and April 4th, 2006. No link between the two clusters of cases has been identified. In the past 5 years, there has been 0-1 mumps case reported per year in King County; 9 cases were reported in 2000.

Healthcare providers should be vigilant for persons with acute unilateral or bilateral parotitis or salivary gland swelling and/or tenderness without other etiology. Please report suspected cases to Public Health at 206-296-4774 so we can facilitate laboratory testing, identification of exposed susceptible persons, and infection control measures. People with mumps must stay home and away from others and public settings including school, child care, and work for 9 days after the onset of gland swelling. Pupils susceptible to mumps should be excluded until at least 26 days after the onset of parotitis in the last person with mumps in the affected school. Excluded pupils may return to school immediately if they receive MMR vaccine. There is no post-exposure prophylaxis for persons exposed to mumps.

Symptoms of mumps: Non-specific prodromal symptoms include myalgia, anorexia, malaise, headache and low-grade fever. Unilateral or bilateral parotitis is the most common manifestation and occurs in 30-40% of infected persons; other salivary glands may be involved. Parotitis typically occurs within two days of illness onset. Complications are more frequent in adults and include aseptic meningitis in 15% of cases (primarily adults) and mumps orchitis in up to 50% of post-pubertal males.

Transmission: The mumps virus is spread by close contact with a person with mumps via respiratory droplets. The incubation period is typically 14 to 18 days, but can be as long as 25 days. A person with mumps can spread the virus for up to 7 days before and 9 days after onset of symptoms.

Vaccine: Because MMR vaccine has been given to children since the 1960s, most people are immune and are not at risk of infection. The effectiveness of MMR against mumps is approximately 80% after one dose and approximately 90% after two doses. Children are recommended to have 2 doses of MMR vaccine prior to elementary school entry.

Laboratory testing (please consult with Public Health): Culture of fluid from buccal swab (after 30 second parotid massage) and of urine; serological testing **(**additional information on serological testing and when to suspect mumps is available online at www.metrokc.gov/health/vacscene/vol11-1.htm#notmumps)

Who is at risk of getting mumps?

- Infants who are too young to receive MMR vaccine (less than 1 year of age).
- Children over 1 year of age who have not received at least 1 dose of MMR.
- Adults born in 1957* or later who do not have either:
  - Documentation of at least 1 dose of mumps vaccine (typically MMR) on or after the 1st birthday.
  - Documented evidence of mumps immunity by laboratory testing.
  - Documented history of physician diagnosed mumps.

*Note: Persons born before 1957 probably had mumps as children and are usually considered immune.